



## UNITED STATES PATENT AND TRADEMARK OFFICE

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 UNITED STATES PATENT AND TRADEMARK OFFICE  
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Bib Data Sheet

CONFIRMATION NO. 9397

SERIAL NUMBER 09/458,883	FILING DATE 12/10/1999 RULE	CLASS 712	GROUP ART UNIT 2124	ATTORNEY DOCKET NO. YO999-589
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## APPLICANTS

THOMAS R. PUZAK, RIDGEFIELD, CT;

ALLAN M. HARTSTEIN, CHAPPAQUA, NY;  
MARK CHARNEY, MILLWOOD, NY; DAINEL A. PRENER, CROTON-ON-HUDSON, NY;  
PETER H. ODEN, OSSINING, NY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/27/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	CT	15	22	2
Verified and Acknowledged	<i>Daniel A. Prener</i> Examiner's Signature	Initials			

## ADDRESS

JAY P. SBROLLINI  
 IBM CORPORATION  
 INTELLECTUAL PROPERTY LAW DEPT  
 PO BOX 218  
 YORKTOWN, NY  
 10598

## TITLE

PREFETCHING USING FUTURE BRANCH PATH INFORMATION DERIVED FROM BRANCH PREDICTION\*

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
RECEIVED		

SERIAL NUMBER 09/458,883	FILING DATE 12/10/99	CLASS 711	GROUP ART UNIT 2759	ATTORNEY DOCKET NO. YO999-589
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APPLICANT  
THOMAS R. PUZAK, RIDGEFIELD, CT; ALLAN M. HARTSTEIN, CHAPPAQUA, NY; MARK CHARNEY, MILLWOOD, NY; DAINEL A. PRENER, CROTON-ON-HUDSON, NY; PETER H. ODEN, OSSINING, NY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED  
*dky*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED  
*dky*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED  
*wd*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/27/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 15	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
*dky*  
Examiner's Initials \_\_\_\_\_ Initials \_\_\_\_\_

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YORKTOWN NY 10598

TITLE  
PREFETCHING USING FUTURE BRANCH PATH INFORMATION DERIVED FROM BRANCH PREDICTION\*

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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